

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007286
STATE FILE NUMBER
2 1468

MAR 2 1959		Registration District No. _____		Primary Registration District No. _____		Registrar's _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI				c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL				Length of stay in lb 5 DAYS		d. STREET ADDRESS 3910 FAIRFAX	
3. NAME OF DECEASED (Type or print) CLIFTON A. JONES				4. DATE OF DEATH FEBRUARY 9, 1959			
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 10-23-95	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER				10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME ALLEN JONES				13b. MOTHER'S MAIDEN NAME LENA HOYLE		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no, unknown) YES				16. SOCIAL SECURITY NO. 495-18-8708		17. INFORMANT Address VA HOSP RECORDS, ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA PROSTATE WITH WIDESPREAD METASTASES							
INTERVAL BETWEEN ONSET AND DEATH MANY YEARS							
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) -							
DUE TO (c) - 177X -							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -			
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		20f. CITY, TOWN, OR LOCATION VAH, ST. LOUIS, MO.		COUNTY _____ STATE _____	
21. I attended the deceased from 2-4-59 to 2-9-59 and last saw him alive on 2-9-59 Death occurred at 1:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. T. SNODGRASS (Degree or title) M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 2-9-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 2/13/59		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or country) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR G. WADE GRANBERR Y ADDRESS 4202 Finney Ave.				25. DATE RECD. BY LOCAL REG. FEB 11 59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Edward A. Flynn*

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.